3235-0076

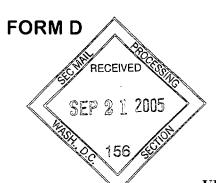
Serial

May 31, 2005

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OMB APPROVAL

Estimated average burden hours per



### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:

Expires:

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Prescient Partners V, LLC Units of Limited Liability Company Membership Interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer truck. Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Prescient Partners V, LLC Address of Executive Offices Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) 7120 West Cermak Road, Berwyn, Illinois 60402 (312) 635-2100 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same Same Brief Description of Business Will invest in and own Socrates Media securities and cash equivalents. Socrates is a branded publisher of "know how" content-based solutions. Some of Socrates' product lines include "know how" business forms, legal forms, software, books, kits, laminated guides, posters, subscriptions and services available at retail stores and by instant download from the Internet. Type of Business Organization corporation limited partnership, already formed other (please specify): limited liability company business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated 06 2005 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D E CN for Canada; FN for other foreign jurisdictions)

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC ID	ENTIFICATION DA	ATA								
<ul> <li>Each pre</li> <li>Each be securities</li> <li>Each ex</li> </ul>	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>											
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	Member of Managing Member	☐ Director	☐ General and/or Managing <b>Member</b>							
Full Name (Last name first, i Prescient Capital I, LLC	f individual)											
Business or Residence Addre 7120 West Cermak Road, B			ode)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Member of Managing Member	☐ Director	General and/or Managing Partner							
Full Name (Last name first, i Weiss, Ronald S.	f individual)			_								
Business or Residence Addre 7120 West Cermak Road, B			ode)									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Member of Managing Member	☐ Director	General and/or Managing Partner							
Full Name (Last name first, i Joseph, Jeffrey	f individual)											
Business or Residence Addre 7120 West Cermak Road, B	ss (Number and Berwyn, Illinois (	Street, City, State, Zip C 60402	ode)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Member of Managing Member	☐ Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Member of Managing Member	Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Member of Managing Member	Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Member of Managing Member	Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode).									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)												

					В. І	NFORMA	TION AB	OUT OFF	ERING				
1.	Has th	e issuer so	ld, or does t	he issuer int	end to sell, t	to non-accre	dited investo	ors in this of	fering?			Yes	s No ⊠
	Answe	er also in A	Appendix, C	olumn 2, if f	iling under	ULOE.							
2.				ment that wi				•••••	***************************************		••••••	\$ <u>100,</u>	000 *
3.	Does t	he offerin	g permit joir	nt ownership	of a single	unit?						Yes ⊠	
4.	indirect sales of or deal If more set for	otly, any confisecurities securities the register than five than five the the info	ommission of s in the offered with the (5) persons rmation for	sted for each or similar rearing. If a pe SEC and/or s to be listed that broker of	nuneration in rson to be li with a state are associa	for solicitation sted is an ase or states, li ted persons	on of purchasociated pers st the name	sers in conn son or agent of the broke	ection with of a broker or or dealer.				
Full	Name	(Last nam	e first, if ind	lividual)									
Bus	iness or	Residenc	e Address (1	Number and	Street, City,	State, Zip C	Code)						
Nan	ne of As	ssociated l	Broker or De	ealer		<del>-</del> .							
Stat	es in W	hich Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers						
(C [AL [IL] [M] [RI]	.]   []	all States" [AK] [IN] [NE] [SC]	or check ind [AZ] [IA] [NV] [SD]	lividual Stat [AR] [KS] [NH] [TN]	es) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Full	Name	(Last nam	e first, if ind	lividual)									
Bus	iness or	Residenc	e Address (I	Number and	Street, City,	State, Zip C	Code)						
Nar	ne of A	ssociated l	Broker or De	ealer									
Stat	es in W	hich Perso	on Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers	,					
•		All States"	or check inc	lividual Stat	es)								☐ All States
[AL [IL] [M] [RI]	г] Г]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	Name	(Last nam	e first, if ind	lividual)									
Bus	iness or	Residenc	e Address (1	Number and	Street, City,	State, Zip C	Code)			· · · · · · · · · · · · · · · · · · ·			
Nar	ne of A	ssociated 1	Broker or De	ealer			<del></del>						
Stat	es in W	hich Perso	on Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers				*		
(C	heck "A	All States"	or check inc	lividual Stat	es)								All States
[AL [IL] [M] [RI]	Γ Γ]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this		
	box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0	\$0
	☐ Common ☐ Preferred		***************************************
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify) units of limited liability company membership interests	\$2,100,000	\$2,100,000
	Total	\$2,100,000	\$2,100,000
		,	
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	·	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	31	\$2,100,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	T	Type of Security	Dollar Amount Sold
	Type of Offering	NT/A	
	Rule 505  Regulation A	N/A	\$0
	Rule 504	N/A N/A	<u>\$0</u> \$0
	Total	N/A	<u>\$0</u> \$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	IVA	<u> </u>
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	<u>D</u>	\$27,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$2,500
	Total	🛭	\$29,500

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
5.	Question 1 and total expenses furnished difference is the "adjusted gross proceed Indicate below the amount of the adjusted groused for each of the purposes shown. If the angle of the purposes shown.	ss proceeds to the issuer used or proposed to be mount for any purpose is not known, furnish an stimate. The total of the payments listed must		\$ <u>2,070,500</u>
	above.		Dormant	a to
			Payments Officer Directors Affiliate	s, , & Payments To
	Salaries and fees		\$	<u> </u>
	Purchase of real estate		\$	
	Purchase, rental or leasing and installation of n	nachinery and equipment	<u> </u>	\$
	Construction or leasing of plant buildings and	facilities.	<u>\$</u>	\$
	Acquisition of other businesses (including the Offering that may be used in exchange for the Issuer pursuant to a merger)		<u> </u>	🗆 🖫
	Repayment of indebtedness		<u>\$</u>	<u>\$</u>
	Working capital		<u> </u>	<u>\$</u>
	Other (specify) Investment in Socrates Med	ia, LLC membership interests	<u> </u>	<u>\$.23070,50</u> 0
	Column Totals		<u> </u>	<u>\$.2,070,50</u> 0
	Total Payments Listed (column totals added)		⊠ \$ <u>.</u> 2	2,070,500
		D. FEDERAL SIGNATURE	_	
constitu	uer has duly caused this notice to be signed by the test an undertaking by the issuer to furnish to the er to any non-accredited investor pursuant to particular to partic	ne undersigned duly authorized person. If this notice U.S. Securities and Exchange Commission, upon w ragraph (b)(2) of Rule 502.	is filed under Rule ritten request of its	505, the following signature staff, the information furnished by
	Print or Type) nt Partners V. LLC	Signature		Date 9/8/05
	f Signer (Print or Type)	Title of Signer (Print or Type)		110/
1,001110		1		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 prese     of such rule?	ntly subject to any of the disqualification provisions	Yes No
	See Appendix, Column 5, for state response.	
<ol><li>The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required by</li></ol>	rnish to any state administrator of any state in which this notice is filed, a notice on Form y state law.	ì
The undersigned issuer hereby undertakes to fur to offerees.	rnish to the state administrators, upon written request, information furnished by the issue	r
	r is familiar with the conditions that must be satisfied to be entitled to the Uniform e in which this notice is filed and understands that the issuer claiming the availability of at these conditions have been satisfied.	
The issuer has read this notification and knows the authorized person-	contents to be true and has duly caused this notice to be signed on its behalf by the unde	rsigned duly
Issuer (Print or Type) Prescient Partners V, LLC	Signature Date 9/8/05	
Name (Print or Type)	Title (Print or Type)	
Denald C Wiston	Marshan Charles Carially IV C. Marshan Marshan	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPENDIX						
1	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State AL	Yes	No	Units of Limited Liability Company Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AK										
AZ						-				
AR		-								
CA		X	\$2,100,000	2	\$100,000	0	0			
СО						1				
СТ										
DE				, <del></del>						
DC										
FL				~						
GA					,	_				
HI										
ID										
IL		X	\$2,100,000	20	\$1,425,000	0	0			
IN										
ΙA										
KS					·					
KY										
LA										
ME										
MD										
MA										
MI		X	\$2,100,000	1	\$25,000	0	0			
MN		X	\$2,100,000	1	\$50,000	0	0			
MS										
МО										

			1	APPENDIX					
1	Intend ( non-ac- investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Units of Limited Liability Company Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		<u> </u>							
NE					1				
NV									
NH									
NJ NM									
NY		V	52 100 000	6	6450,000	0			
NC NC		X	\$2,100,000	0	\$450,000	0	0		
ND									
ОН		X	\$2,100,000	1	\$50,000	0	0		
OK		^	32,100,000	1	\$30,000	0	-		
OR									
PA									
RI									·
SC									
SD									
TN						,			
TX									
UT									
VT									
VA									
WA								1	
WV		<b>†</b>							<u> </u>
WI				-					
WY	:								
ОТН									